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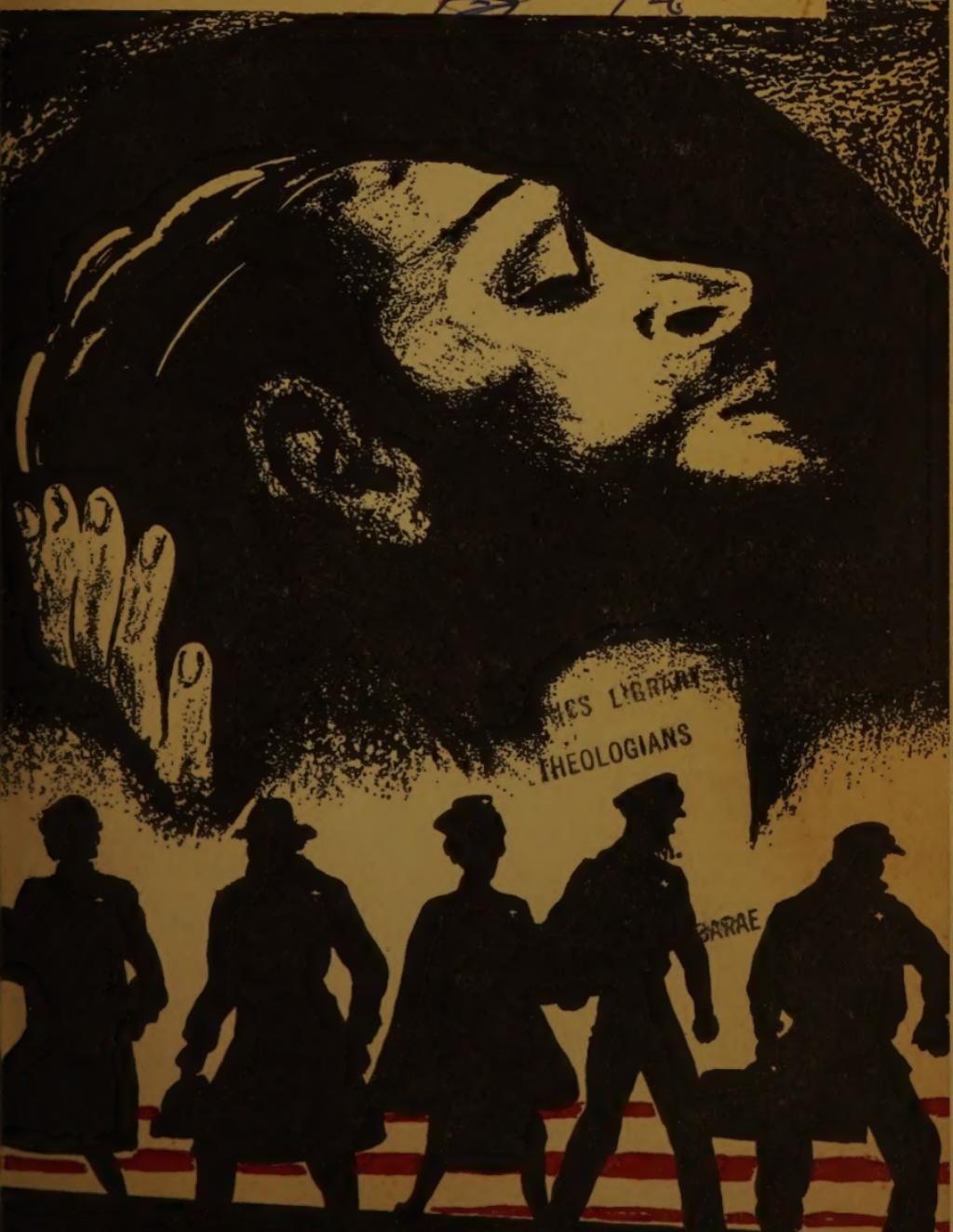
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EDITORIAL

OF course every Christian has a vocation to serve. Whether he be garbage collector, plumber or lawyer, his work is noble to the degree it is of genuine service. In this issue however we are considering especially the works which are commonly regarded as vocations of service in the world because they require devoted, self-sacrificing ministrations to the needs of man when he is suffering from some great privation—whether it be of physical health or temporal goods, happiness or mental and spiritual equilibrium.

The motto for such an issue as this could very well be: "He who is the greatest among you let him be the *servant* of the others." For these are the words of Our Lord's which most of us have forgotten. We seem to have an instinctive revulsion for the words "servant" and "serve," which arises from our loss of the Christian ideal. The nurse rebelling at taking care of bed-pans, the single young girl refusing to serve the family, the social worker proclaiming jealously her professional standing, forget that in their *service* is ample proof of their dignity. Conversely, in proportion to their greatness do they serve. The nun in the subway gives her seat to the pregnant woman not because the latter has greater dignity, but precisely because virginity is higher than marriage. "He who is the *greatest* among you . . ." Our growth in spiritual stature is accompanied by an increased capacity to serve Christ in our neighbor.

We confuse the servant with the hireling—who sticks around as long as the pay is good and the hours not too hard. The Christian who serves, on the contrary, is to be moved by no such mercenary and selfish considerations. Service is for him a sure means to closer union with Christ. In ministering to his fellow men nothing is beneath his dignity because before him is the example of his Master Who stooped to wash the feet of His apostles.

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Our sincere thanks to our readers who responded so generously with subscriptions and names for our Catholic Press Month drive.

THE EDITOR
PROV. S. BARBERAE



The Service of the Poor

IT IS good to be reminded of our obligation to the poor—the object of the Church's special solicitude. John Stanley, who taught for awhile in a Catholic college, is now with the Catholic Worker Movement.

John Stanley: Bossuet tells us that it is to the poor that the Church belongs. Saints living before and after the French theologian have made a special point of emphasizing the intimate place the poor hold in the heart of Jesus. Writers as far apart as the early Fathers and the revival of the nineteenth century have spoken loudly with words and the example of their lives on the importance of being poor and serving the poor.

How to serve the poor is the question, the vital question for each Christian; it seems as if his salvation depends on it. The sheep, we are told by Our Lord Himself, will be separated from the goats on the Last Day on the basis of how well each category has served the poor. When, Lord, did we see you hungry, thirsty, naked, in prison? Jesus tells them that they saw *Him* sick and homeless and so forth when they saw *poor men* in that condition. There is a certain urgency then in the question, how is a man to serve the poor. Let the difficulty of serving the poor on the part of the middle-class American not be underestimated; in the same breath let the absolute necessity of his serving the poor not be understated.

First of all, it must be understood that all men must serve. He who serves does the will of another. It is the vocation of the

children of men to do the holy will of God all their mortal days. Even if the Old Testament were not sufficiently clear in this matter, the life of Jesus as related in the Gospels, and especially the sayings of Jesus as quoted by St. John can leave no possibility of doubt of this transcendent precept. The very first words the Psalmist sings are: "Blessed is the man who does not guide his steps by ill counsel, or linger where sinners walk, or where the scornful souls gather, sit down to rest; the man whose heart is set on the law of the Lord, on that law, day and night, his thoughts still dwell." Job adhered to the will of God under the most trying conditions. Abraham is one of the outstanding examples of a man serving God blindly. Jonas is a lesser figure.

Jesus said, "My meat is to do the will of him who sent me." And Jesus is the Way, the Truth, and the Life. He is the only way to Heaven, the end of our existence; He is the only truth, the object of all our knowing; He is the life to be led. Jesus spent Himself doing what His Father sent Him to do—rescue that which had been lost so that nothing might be lacking in the glory of the divine processions.

the treasure of the Church

It is *necessary* that each man do the same. We must serve God in men to bring them to God. We must love men because God loves them and is in them, preserving them for Himself. The poor are the treasure of the Church; they are loved in a special way by God, therefore we must be especially assiduous in serving them, in showing love for them.

How then are the poor to be served? When John the Baptist sent to Jesus to find out if it was He Who is the Christ, Our Lord replied with a delineation of the wonders He was performing to make it known to men that He indeed was the divine Promised One: the blind see, the lame walk, lepers are made clean, the deaf hear, the dead are raised to life! and lo, wonder of wonders, proving beyond question His divinity, *the poor have the Gospel preached to them.* (Like the beatitudes these are listed in order of ascending importance.) So we see that one way of serving the poor is to preach the Gospel, the Good News, to them.

Then, as has been pointed out, we must feed those who are hungry, give drink to those who are thirsty, give shelter to those who are homeless. Now the rich are not hungry, for they sometimes drink elaborate potions to *make* themselves hungry that they might delight in creatures; it must be the poor who are hungry. The rich are not homeless, living in habitations crowded with creature comforts and having multitudes of friends anxious

to please them and curry their favor who will receive them; it must be the poor who are without shelter. The rich can usually avoid jail, and when they are sick they can hire expert help for themselves. And what rich man does not have coats and shoes for every season and occasion? It is the poor who need help in these things.

incarnating poverty

When Christ Jesus was born He from all eternity, and we may be sure at the loving command of His Father in concurrence with the Holy Spirit of Love, Wisdom Incarnate, chose to be born in destitution, in *physical, material* poverty. He was not satisfied with the *spirit* of poverty! (How the minimalists, the wreckers of Christianity, love to dwell on the *spirit* of poverty, daring one to prove that a millionaire living on Central Park West could not have it.) But Jesus did have the spirit of poverty for all His days on earth, and He insisted upon *incarnating* it. In every age of Christianity the saints have chosen poverty: the Desert Fathers chose it, St. Benedict loved it, St. Robert of Molesmes and the early Cistercians went to great lengths to assure real poverty (see *The Spirit of Simplicity* by a Cistercian monk, translated by Thomas Merton). One need only mention the names Francis of Assisi or Benedict Joseph Labré to conjure up visions of ecstatic poverty. They chose to be poor like Jesus to be united more quickly with Him. The saints choose to be poor simply because Jesus is poor and every action and state of Our Lord has an eternal and world-moving significance and importance. Saints are raised up to glorify God and to teach us.

To sum up then, we may say that three ways of serving the poor are: being poor, identifying ourselves with Jesus and His loved ones; preaching the Gospel to the poor, serving their spiritual welfare; ministering to the unending bodily ills of the suffering poor.

the care of the poor

How to serve the poor by ministering to their bodily ills? There are leprosaria, DP camps, mental institutions, orphanages, homes for the aged poor, hospitals, houses of hospitality, and the poor "at home" in their slums. Besides the staffs of "professional" doctors and nurses and administrators, to whom this article is not especially addressed, there are needed thousands of helpers to do the "low" tasks. These helpers come into intimate contact with the suffering poor, and heighten or relieve to a marked degree the agony of those who suffer, those who are paying the terrible price of others' sin: victim souls. No congressional investigation,

elaborate plan or expenditure of funds can do away with the coldness and even the real brutality that characterize some of our larger institutions. Eventually the care of the suffering poor must, of course, be de-institutionalized to a marked degree; until that happy day the hope of the subjects of the institutions lies in having better calibre helpers, helpers who see Jesus all day long and through the night. The need is for young Christian men, other words *incarnate*, to give themselves to this work; men who have a clear notion of the immense dignity of the person, and that this dignity stems from the origin, the end and the nature of the activities of the human person. He is the child of God, the brother and friend of God, and the spouse of Almighty God. At High Mass he is incensed.

"I shall not serve"

Each June thousands of Catholic men of superior talents and powers and cultivate college, and for the most over to becoming rich, achieve this, of course, tion, and they at least ing a comfortable niche of Babylon. But that is tion, the Passion and



tion are turned out of part give themselves successful. Not all but that is their intention usually succeed in carving in the broad high street not why the Incarnation took place! Jesus came to lead us from Babylon to Jerusalem. Many of our Catholic men who receive their degrees in an interesting variety of subjects labor under the delusion—and are sometimes so encouraged by those in authority—that their best efforts must be expended in becoming as successful as the gentiles, if not more so. They appear not to remember that they are spiritual semites, a holy race set aside by The Holy for Himself. We are an *aristoi*, and as such we have the duty of spending our *time* in the close company of the King Who sits on His throne, the Holy Cross. We have thrones of judgment waiting for us, and crowns of precious stones, and stoles of glory, but if we would not feel *outré* in the court of Heaven we must get used to its company here on earth; that is the company of *les miserables*.

Why have our men been given their talents? Why have they been supported for years in comfort and security? Why have they been permitted those delightful years of study and play? To amuse themselves? So that their parents might be "proud" of them? So that they might increase the power and prestige of the owner-managers? Who indeed supported them during the time of their school learning? Ultimately those who *work*. Vincent

McNabb, R.I.P., said: "Some men wrest a living from nature and this is called *work*; some men wrest a living from those who wrest a living from nature and this is called *trade*; some men wrest a living from those who wrest a living from those who wrest a living from nature and this is called *finance*." And why have those who labor supported those who have chosen to continue their schooling? God knows, not to train cleverer exploiters! This is especially true of those college men who come directly from the laboring group. The ones who labor lose one of superior gifts and the owner-managers gain in like manner; the former lose in power and prestige and the latter gain proportionately.

No, this is not the way it should be. The way it should be is that those with more should serve those with less. How can the blind lead the blind? Catholic college graduates, a majority of them we assert, should give at least a portion of their young lives to the service of the poor. It is the *best* things of this world that are a fitting sacrifice, not the rejects. (It goes without saying that Catholic college graduates are not the only ones who should serve, but they are the most obvious example of those who should.)

houses of hospitality

How should one serve the bodily needs of the suffering poor? We have mentioned above the various institutions requiring good men. Houses of hospitality do not like to consider themselves "institutions"; they like to consider themselves as groups of poor people who have come together for mutual support. Those who wish to serve, but not in an "institution," can go to one of these or they can go with families who are trying to move to the country. The reason so many families fail in their attempt to go back to the land is that they have not enough help; they are overwhelmed before they take root.

How will one serve these poor? If one goes, let us say, to a house of hospitality, what will he "do"? Urban houses of hospitality usually have some sort of facilities for feeding and clothing those who require food and clothes, and sometimes limited dormitory space. Rural houses of hospitality have places for men off the road to flop and to eat. Eat with them, sleep in the same room with them, talk with them if they choose to engage in conversation, remembering always that they are master and guest and one is the servant. They may have eccentricities which—if they do not transgress the moral law—must be acquiesced in. (Did one ever see the servants in Claridge's or the Ritz or the Plaza question the ways of the guests?) Put on the bright armor of obedience, says St. Benedict, shake off the sloth of disobedience.

Where there is eating and sleeping there must be those to prepare and serve the food and distribute the bed clothes. There are dishes to be washed and floors to be scrubbed so that all may be returned to the Father in good order. In a rural house of hospitality there is land to be cultivated and wood to be chopped and split and animals to be cared for and swill pails to be washed. What Christian can live on a piece of land and not desire to make it sing to the Father in adoration? That is why Christ came, to restore all things to the Father. What is the meat and drink of the Head must nourish the members, too.

Further, the loving cultivation of the land in Kansas or New Jersey feeds and serves the bodies and souls of all persons who are God's poor, if what is consumed is consumed with loving frugality "that nothing may be lost." It all goes together, to use Eric Gill's title. That is to say, the serving of the poor in the dereliction of the Bowery is the serving of the Whole Christ. The poor have almost as many imperfections as the *bourgeoisie*, and coping with these in a Christ-like manner while serving their bodily needs exercises one in the virtues, strengthening the soul and therefore bringing much needed vitality to the whole Church.

preaching the Gospel

It has been pointed out that the preaching of the Gospel to the poor was the proof *non plus ultra* given by Jesus to St. John the Baptist of His identity as the Christ. In imitation of Christ it would seem that we have the same obligation. How is this to be accomplished? For those who have received the Diaconate the answer is easy. For the rest of us? More and more are coming to the conclusion that, generally speaking, the most effective preaching a layman can do is to preach the powerful sermon of a transparently holy life. The poor are keen at discerning saints. Nothing disgusts them more than sham, piosity; it drives them from the arms of their mother *en masse*. And who will come before the Face of the Living God with a record of driving the sheep out of the fold? Serving the poor by preaching the Gospel silently is an excellent school of the spiritual life; the poor are candid, they will direct one, they will exercise one in the major virtue of humility if he is obedient and sensitive to their wishes.

Sometimes, of course, there will arise the opportunity to preach a little more directly. Sometimes, after one has gained the confidence of these delicate persons, one will be asked to give instruction; it will be made known that instruction is desired. It will be good if one has thoroughly digested, made part of oneself all that one has learned.

being poor

It is good to be poor because it is a proclamation for all to see that one, with Jesus, is not of this world; one chooses not to emulate the dubious ways of the Egyptians and one can enjoy the happy experience of being despised like Jesus. "Woe to you when men shall speak well of you!" It is almost impossible to serve the poor without being poor. They will not have one in their service. (In the practical order, of course, many who have few material possessions are not poor in spirit and are only too happy to ape the ways of the upper classes.) It is good to be poor simply because God is poor, He *has* nothing, He only IS, as Pere Regamey points out in his book *Poverty*.

the importance of work

In houses of hospitality many who come in off the road need to be nursed. Many are out of the habit of working and must be helped and encouraged, for any healthy man wants to work. Sometimes another must do more than his share of dishes or pick more than his share of beans to make up for those who do less. Is this not in the best traditions of the masters of the spiritual life, *contra agere*?

Work is part of preaching the Gospel, too, in the best Benedictine tradition (see *Towards a Theology of Manual Labor* by Dom Rembert Sorg). Working well and hard is a good way to gain the respect and confidence and love of those one wishes to help. (But, let us hasten to add, it is not the basic reason by a long shot of working well and hard; it is accidental.) Sometimes they have questions to ask that they will only ask while taking a breather during log splitting; be sure one's wick is trimmed and one's lamp filled with oil. It is unwise to say too much on these occasions.

serving Mass

And if there is a chapel or a church where one can serve Mass, serve, and serve with dignity and love. Let nothing be preferred to the work of God, says St. Benedict, and while he was referring to the Divine Office it can also be applied to Mass and the service of Mass. Serving Mass is a man's work and all men should be encouraged to serve. The serving of Mass is an excellent means of preaching the Gospel for laymen. Let us not forget that the Gospel must be preached in season and out of season. And while one is serving the poor, there falls upon one as a result of this honor a stern duty: to pray for the rich. Let us ask Our Lady Help of Christians to help us in this terribly important matter.

The Care of the Mentally Ill

IN OUR country at least no distress is so appalling as that of the mentally ill. Caryll Houselander, author of *Guilt and The Comforting of Christ*, gives us a Christian approach to this problem.

Caryll Houselander: Among the wonders of God's love, that which seems to me most to reveal His tenderness for men is the fact that Christ has put Himself into their hands for all time, making them trustees of His love, and Himself dependent on them.

After His resurrection, had He chosen to do so He could have revealed Himself in His glory, compelling the whole world to its knees in adoration and awe; but that was not His plan. He chose to hide His glory in the lives of men, just as He had hidden it in His infancy in Bethlehem, in His boyhood as an artisan in Nazareth, in the temptations of His youth in the wilderness, in the weariness, loneliness and necessities of His manhood and, above all, in the dereliction of His Passion.

It was not only of His historical Passion that He spoke when He said, "Lay up in your hearts these words; for it shall come to pass, that the son of man shall be delivered into the hands of men."

suffering in His members

For as long as this world lasts, and men live and love and suffer and die in it, the Passion of Christ will go on, and He will suffer it in the lives of men.

Because this is so, all vocations, however varied outwardly, have fundamentally the same object, the comforting of Christ, and there is none of which this more true than that of caring for the mentally ill.

This is a vocation in which everyone, not only the specialist, has some part because it depends on an attitude of mind and heart, which for the majority of people must mean a change of mind and heart toward the mental sufferer who is of all suffering people the least understood.

This change of heart, and with it power to help the mental sufferer, means learning to recognize Christ in the patient, and to recognize the patient's own vocation, his part in Christ's Passion and his gift to the world. For he, by his unique suffering, is taking part in the world's redemption.

This must never be forgotten, the mental sufferer must never be regarded as one whose life is without purpose or meaning, as a burden to his family, or as one who gives nothing to those who care for him, because he is in fact giving the redeeming suffering of Christ, on which the salvation of the world and each one of us depends.

the acceptance of mental suffering

It may be objected that the suffering of a mentally ill person cannot be called a vocation, or a real taking part in the Passion because he has not chosen it, and usually he is not even reconciled to it. It is precisely because that is so that those who wish to help him must realize it, and be able to explain his tragedy to him, in its true light, the light of his part in Christ's Body on earth, in order that he may be *able* not to choose but to *accept* his suffering, and to realize himself as one who is in the deepest communion with others because he is at the very heart of the Passion, the central point in the mind of the suffering Christ, from which mercy stems and flowers.

Christ as man, and He was *really* man, did not *choose* His Passion, He *accepted* it. "My Father, if it is possible let this Chalice pass me by; only as thy will is, not as mine is."

guilty or guiltless?

Long ago all mental illness was simply regarded as being diabolical possession. Roughly a hundred years ago those who were mentally ill were regarded and treated as criminals, and at that time criminals were not even treated as human beings.

In the hospitals, then so wrongly called "asylums," only the lowest types consented to act as attendants. The patients, or prisoners as they really were, were not given treatment or nursing, but punishment. They were put into heavily weighted strait jackets, making it impossible for them to lift their hands. They were beaten and half starved, they were often left in solitary confinement and in space so constricted that they could neither stand up nor lie down straight. They were given fetid water to drink, and no sanitary arrangements at all.

This was at the peak of Protestantism in England, when the patients were put into cages on Sundays (when their keepers did no work) without food or water at all, and there exposed to the passers-by, usually pious ladies who amused themselves on their way home from church by poking them through the bars with their parasols!

Today the attitude of the specialists has swung round completely and touches the other extreme. Whereas in the past the

patient was treated as if he were guilty, the tendency among modern psychiatrists is to treat him as if he is soulless, and so incapable of moral guilt. But in the minds of most of the laity there still lingers an instinctive feeling that mental illness carries a stigma—would that they would recognize it as Christ's stigmata!

Modern treatments, drugs and surgery, have put a power into the hands of doctors and psychiatrists which, when it is used by those who are without faith, is frightening because those who are without faith cannot really know what a human being is, they cannot know that he is *soul* and body, let alone that he is "another Christ."

The majority of doctors and psychiatrists *are* unbelievers, often selflessly dedicated to their work of attempting to heal the mind, yet acting more in the darkness than the patient himself, because they do not know what a man is or can become. And it is into their hands that the sufferers have been delivered as never before, now not only their bodies but their souls, or at all events the three powers of their souls—their memory, their understanding and their will.

a contemplative vocation

I do not think it unjust or fantastic to say that only Christians who know Christ in the sufferer can ever make the new methods of treating them creative, or can be safe in using them, even when it seems imperative to do so. Equally I believe that only nurses and others who realize that the care of the mentally ill is a contemplative vocation, an entering into Christ's Passion through compassion, can hope to bring even the little alleviation and momentary relief which is sometimes all that can be given to a tormented mind.

There are two main reasons for this. The first applies to all, but most of all to the doctors and research workers: only that reverence for human nature which comes from knowing that it is indwelt by God can make a helpless mental invalid safe in another man's hands. Secondly, and this is perhaps especially for those who nurse the mentally ill in hospitals or at home: only the Christ-love in their own souls, and a steady concentration on Christ hidden by the disfigurements of suffering, can give them the unfailing patience and perseverance through which, and through which alone, their work can become blessed and even creative. Without this Christ-love, without this vision of faith, they will become "case-hardened" and hardened altogether; they will fall into depression themselves, and even come to hate those whom they can serve only through love.

Christ's temptation and agony

What is the very special part in Christ's redeeming Passion which the mentally ill are privileged to play? Outwardly it is not easy to recognize it—at first.

There are some people who are even scandalized by the suggestion; they point out that the symptoms of mental illness really seem more diabolical than anything else, certainly they lack the calm, sweetness and majesty of Christ. The fantasies of the insane, and even of the unbalanced, are in extreme cases obscene, so also is their language—in fact their critics have a sneaking belief in both Freud and the idea of possession by the Devil, hopelessly irreconcilable though those two schools of thought are with each other!

I think that mental sufferers are reliving all through the ages two of Christ's experiences: His temptation in the wilderness and His agony in Gethsemane.

Satan can press upon the mind and find a way into the soul, invade every sense and thought. Christ Himself was really tempted, and tempted to just those things that haunt and delude people in certain kinds of insanity—to put the needs of the body (and I say *needs* deliberately) before those of the soul—to make themselves equal to God, or claim special supernatural rights and privileges—and grandiosity, to be Lords of the world. These are the most common ideas that press upon mental sufferers, and present themselves to them persistently in hallucinations and "voices."

But these were the ideas presented to Christ by Satan in the wilderness—moreover not only did Christ deliver Himself into the hands of men, He also, incredible though it is, allowed Satan in some mysterious way to handle him! "Next the Devil took him into the holy city, and there set him down on the pinnacle of the temple."

Now we come to Gethsemane, and here Christ came close to despair, here He suffered the fear, the feeling of guilt, the dread, that is common to those who are mentally ill. "And now he grew sorrowful and dismayed. My soul, he said, is ready to die with sorrow."

how can this be done?

But how are we to make the neurotic and the mentally ill see their identification with Christ without giving them a new source of hallucination and rationalization of their conduct? This does indeed raise an interesting and a very practical question, or rather host of questions.

First, in this it is very important to distinguish between those who *are* mentally ill, or insane, and those who are really neurotic. Mental illness is not, as so many seem to think, simply an extension of neurosis; although in some of its forms the early symptoms of insanity resemble some forms of neurosis so closely as to make an early diagnosis almost an impossibility.

Let us take those who are really insane, who usually have cycles of insanity and cycles of sanity in between. During the insane or maniacal period these poor people clearly have no responsibility morally, and simply depend on others to protect them from their madness; but during the cycles of sanity it is possible to talk to them. They are usually schizophrenic types, and most schizophrenics are the intellectual type of person and are well able to realize in sane periods the danger and absurdity of grandiosity. The first thing to do, during the sane periods, is to instill into their minds the basic human qualities of Christ's character: namely utter humility, love for men so great that He was willing to be rejected by men, and even in the hour of crucifixion to feel Himself abandoned by God.

Now the patient is being asked to unite herself, during the times she can use her will, to this humble, self-effacing Christ, Who is willing to let all the beauty of His humanity be hidden under the terrible ugliness of our sins. Any idea of arrogance or grandiosity is impossible in Christ—Who is "obedient even unto death." The patient must learn that her union with Christ will deepen and strengthen each time she makes an act of will to accept the humiliation and desolation of her illness. She must learn too that in doing all she is told to do while rational to help herself—even in remaining in the hospital—she is using Christ's obedience. She must be reassured that when the attacks of mania come on the offering of her will that she has made will not lose its validity: her soul will be in God's hands then, though it will *seem* forsaken. And she must be further reassured that those who are looking after her will during those times be responsible to see and protect the Christ in her. Just as a mother has to *be* a little child's will before he comes to the age of reason, those who care for the insane must be the will of the patient when he is irrational.

Of course there are tragic cases when there is no rational period ever, and there may never have been a chance for anyone who loves God to talk to the person during the borderline period. In these cases the "treatment" is on a really mystical plane (I don't mean the medical treatment). The only thing to be done is for the nurse or attendant to practice acts of love and reverence to the

patient so consistently and so perseveringly and with such faith that, even if they see no sign of it, the patient may—at some level that we are still unable to explore—have an occasional glimmering of realization that he is loved: that someone has seen not the exterior that is repulsive, but something interior that attracts. Only in eternity will the full result of heroic supernatural love like that be known to us.

neurotics — prevention

In the case of neurotics the idea of identification with Christ is likely to be misunderstood and seized on to their own undoing. To guard against this I think the thing to remember is: start by trying to give them an impression of what *Christ* is like, not what *they* are like; in other words, an objective and a new conception of Christ.

Undoubtedly in neurosis prevention is better and much easier than cure. I attribute the increase of neurosis in our day to the decrease of Christianity in the education of children. There are what we might call not only predispositions physically to neurosis, but predisposing *circumstances* that are certain to produce neurotics if they exist and are not treated from the start. They are well-known: circumstances which cause a child to feel humiliated, overlooked or self-conscious either at home or at school. Now only if the child can be taught gently to know the humility of the Christ-child, how He was unnoticed, how He was slighted on earth, can he begin to find out for himself that in sharing Christ's experience he is being honored. I say let him work it out for himself. Except in rare cases it would be a mistake to tell a child, "You are sharing Christ's humiliation." This would probably give him a fearful pose of martyrdom and isolation. But he must learn what Christ's values are, that Christ indwells us *all*, and in each one His indwelling is lived out in a different way; he must grow up growing in the knowledge that the indwelling of Christ is a communion between us all.

A Jewish psychiatrist said to me once: "Where there is the humility of Christ from the start, there can be no psychological scars."

and cure

It is important to get a neurotic to understand that our identification with Christ is something we all share with one another, that each of us individually lives out only one aspect of Christ's life at a time (as a rule), and to try to discover which that is in his individual case. If the neurotic's tendency is simply to declare his own preposterous behavior as "God's will" and beyond his

control, and indeed a cause for personal aggrandizement, it is well to tell him quite simply that if indeed he has no responsibility for his actions he should be certified as a lunatic, and that what God wills for him is not that he should make himself a nuisance. He should discover which of Christ's *real* characteristics he is asked to cultivate; usually it will be His obedience, perhaps His beautiful humility in accepting Himself as a normal, even ordinary, human being, subject to ordinary needs like eating and sleeping. The pitfall is when a neurotic tries, not to unite himself to Christ through *overcoming temptations* of vanity and resentment associated with and aggravated by his neurosis, but to *dramatize himself* (and that, did he realize it, blasphemously) by trying even to dramatize the Christ in him!

Take the example, so common, of neurotics who insist upon self-starvation, who pretend they have no desire to eat—which after some years may well be true. They must be made to see that the Christ in them is the ordinary human Christ Who made Himself as man dependent on food, Who always concerned Himself to see that His apostles had it even when He had risen from the dead, Who in fact ate when He really need not have in His glorified body, Who had it put on record forever that when He did fast He got hungry and was tempted to turn stones to bread—unlike the neurotic who would like to turn bread to stone. These people must stop meditating on emaciated, imaginary conceptions of Christ, and make every mouthful of food they eat, and every hour of sleep they invite their prayer, their prayer of realization of Christ's simplicity and of Christ's reality in them.

How hard a pill it is to swallow that one's own particular Christhood is the *ordinariness* and not the *extraordinariness* of Christ, that makes one *one* with one's fellow ~~men~~ ^{LIBRARY} not an exception to them all!

THEOLOGIANS

compassion

Mental patients often live out their lives in Gethsemane, and without alleviation for the fear and conflict that ~~they~~ ^{stutter}—and here it is that we discover the very core of the vocation of those who serve them. It is compassion.

Perhaps there is nothing harder to sustain ~~them~~ ^{BARBARAE} compassion with those who cannot be cured.

People inflamed with apostolic zeal are ready enough to work for results, to see a sick person recover and a sinner repent, to alleviate poverty, to teach one who is ignorant; anything that shows results is stimulating, and it can be almost dangerously satisfying! But the poor neurotic who always seems to relapse,

or the insane person pronounced incurable (though in these days that word has almost lost its meaning)—these people do not show results—there is no satisfaction waiting for those who serve them!

Their great need is that which Christ pleaded for in Gethsemane—compassion. He did not ask them to try to do away with His anguish or to alleviate His Passion, but simply to be with Him, to enter into His suffering through compassion. But this even Peter, who would so gladly have swept the Passion away, could not do! "Then he went back to his disciples to find them asleep; and he said to Peter, had you no strength then to watch with me even for an hour?"

It is the same today. In the mental sufferer Christ asks first of all and most of all for compassion, for those who will simply be with Him, who will see through the sweat of His agony to the secret of His love.

one cannot be alone

It is significant that on those two occasions of profound mental stress Christ was unable to regain His strength and peace alone. As man He was not self-sufficient, He accepted human limitations, and the mental suffering He endured was too much for Him to bear alone. On both occasions after the storm was spent angels sent by God came to comfort Him.

The servant is not greater than the master. Christ in His members cannot endure mental torment alone; therefore it is well to pray that there will be many vocations among Catholics who have faith and vision and Christ's love to care for the mentally ill, and that they will share in the unimaginable joy of the angels who comforted Christ.



CHECK-UP

What ails the patient?

Perhaps there's something worse.

What ails the doctor,

And what ails the nurse?

The Lost and Found

THE campaign to recruit nurses and attendants in mental hospitals has been stepped up. The author, a graduate nurse now in charge of the physical therapy department at a large state institution, gives us truths that must be recognized if this campaign is not to end in disaster.

Ella V. Cleary, R.N.: It's ten o'clock in the morning. I stop for a moment to take stock. I look along the row of rumpled beds that jut out feet-first, white and rectangular, each flanked by a lamp or a diathermic robot whose dials stare vacantly. One of those unforeseen, almost miraculous moments of stillness has fallen. Charlotte sits in her wheel-chair awkwardly thumbing a magazine with her left hand while her right lies pale and veined under the infra-red lamp.

This is the Physical Therapy Department locked in the basement of building 5, a section of the state hospital for the insane. Here in these rooms Bill and I with the aid of hand and equipment relieve those muscular kinks and aches which are as prevalent here among these thousands as anywhere else in the world. The sickness of the mind is not our immediate concern here. We treat everything from the common garden variety of stiff necks and simple fractures up to severe cases of paralysis.

It's quiet, quiet enough to outline clearly the periodic bursts of hysterical laughter coming from the women's ward on the floor above. Suddenly from the outer room there is the sound of key in lock, a sound that is prelude and sequel to every episode that goes on within these confining walls. I am expecting the boys and girls from the Children's Group. These children, who must be checked for ringworm or otherwise treated, are referred to technically as primary behavior cases. Some are withdrawn and out of this world, others seem no more than just plain ornery. I listen to their boisterous progress through the music room and along the corridor leading to the room in which I am standing. It is remarkable how their childish demeanor varies from week to week.

the unloved

There are times when their approach resembles in bubble and fury the sounds made by any group of normal youngsters out for a lark. But today, for example, there is rebellion and repressed frenzy in their pounding pianos in passing, in their belligerent

quarrelsome shouts. It will be a difficult morning. Now they enter and swarm around me. The explanation for their present ugliness does not lie in their smoldering and tense fingers. The answer lies with the grey-gowned attendant who stands glowering in their midst.

She is irritable, uneasy, dominating, anxious to surrender her burden to us. Between her and her charges there is little human sympathy, nothing of the mother. Wherever her treasure may be, it is obviously not here in these rejected children. Her heart is elsewhere. She bellows and bullies, fostering a resentment which brings out the worst in them.

On other occasions it has been otherwise. An attendant will stand among these children as a foster mother. It is apparent that she has adopted them and they have adopted her. One thinks of the Good Shepherd: "I know mine and mine know me." Case records and histories indicate the reasons why these poor kids belong here. Yet how seldom does the demeanor of a nurse or attendant indicate that *they* belong here! The need for love in the patient is obvious, but do the workers among them show a capacity for love? Sometimes, but far too seldom.

a unique service

There is a term in medicine: a specific. For many diseases there is a known treatment or drug that will cure or give relief. We call this remedy a specific. One who works intimately with the sick acquires the habit of trying to match every discomfort in the patient with some specific that will bring comfort and relief. To look for distress, and to supply a specific is second nature to a doctor or nurse. Among the mentally ill there is a unique need (unique, at least, in its intensity). This need specifies a special kind of vocation. Since we know as Catholics that wherever human need exists, there does God's mercy abound the more, it is safe to assume that there are lay Catholics being called to render that unique service so needed by the mentally ill. This kind of service is so demanding of the whole person and requires such a degree of competence and dedication, I think we can safely call it a vocation.

The need for Christian dedicated lives is so obvious here. Our psychiatrists point out that human relationships in the hospital play an important part in the therapeutic program. Despite every organized attempt on the part of the personnel to make the patients happy, no matter how many dances, movies, games and crafts there may be, the hunger for identity and dignity which plague the mentally deranged can only be satisfied by inti-

mate human compassion. Compassion cannot be bought, nor can we expect to import specialists in this field. It is a virtue which should accompany all the physical and spiritual services rendered in such an institution as this. It is no substitute for competence, but its constant companion.

faith restored

I can recall an incident in this room only a month ago. Our little clinic was filled to overflowing. One patient showed little inclination to join in the pleasant banter being exchanged between patients as they sat awaiting treatment. She looked so tired and lonely apart from the others. An attendant sensed her discomfort and remarked, "How about a breath of fresh air?"

The girl immediately perked up. She donned her sweater, as did the others who had not yet been treated, and they moved toward the door. The attendant unlocked the outside door. Outside a blanket of snow covered the lawns and softened the lines of the surrounding buildings. The cold air brought color to her cheeks, and her eyes sparkled. She breathed deeply and sighed, "Oh! A breath of fresh air. It's New Year's Eve and I could cry, but I won't let myself cry—these doors are protection now. If I were out in this cold world tonight, with the memories I have I would only be in trouble. I hear they are making a party upstairs for the patients. I'm going up there to do what I can to make the party a success for those who need it as much as I do... little things can mean so much!"

Then with restored girlishness she cried, "I think with the loss of faith in others you lose everything and then don't care what happens. How wonderful to find faith . . . here of all places." She looked wistfully at the falling snow and then, turning to the attendant with grave courtesy, she said, "Oh, thank you for the breath of fresh air."

A mental institution can be considered in the light of a huge *lost and found department*. People come or are sent here with their losses in hope of finding themselves here. Others have permanent losses which have to be faced if their lives are ever to be purposeful and happy. The more the employees lose themselves in Christ's life, the more patients would be finding themselves. Christo-centric workers would bring more patients to say, "I'm glad I got here. I think I'm growing up here, thank God!"

self-seekers need not apply

As a registered nurse of many years I am aware of the trend toward professionalism which threatens to make of this calling

an opportunity for satisfaction rather than an occasion for sacrifice. Regardless of what arguments may be advanced in defense of increased salaries and prestige, the thing most apparent is that the kind of services needed and the terrific amount of arduous work to be done can *never be bought*. As long as the appeal for recruits to nursing emphasizes the glamor and prestige that go with dress-parade uniforms, the less likely it will be that it will attract the right people. Of course there is satisfaction, worlds of it, in caring for the sick, but it is a by-product of long and frequently unpleasant effort. This labor is not lightened by anticipation of the satisfactory glow that will follow. It is a burden made sweet only by the altruistic resolution with which it is begun.

Now newspaper ads for attendants indicate that their jobs are being sold along similar lines of uniformed professionalism. One would think that hospitals existed for the sole purpose of providing satisfactory jobs, and that the care of the sick was a secondary and negligible after-thought!

That, I suppose, is the nub of the matter; since hospitals exist to care for persons who are tremendously and chronically dependent, any other group that enters the hospital with the idea of having *their* needs elaborately satisfied is a threat to the well-being of the patients. Nurses and attendants must come here primarily to give, not to receive. Service, especially to the sick, can only be effective when given at a personal sacrifice.

Usually I hesitate to mention the Christian ideals of service that keep me going at my work. This is for a number of reasons. First of all, my shortcomings are apparent to me, and, no doubt, more apparent to my fellow-workers. I wouldn't want my faith to be blamed for these. Also I have admired real competence and compassion in some of my nurse friends, girls who give no particular evidence (in words) of being religiously inspired. Another reason is that the profession has on more than one occasion been scandalized by girls more prone to mumbling novena prayers than answering call-bells.

In spite of all this, I must admit the evidence. The need for competent and compassionate service among mental patients is a challenge to which Christian service is the most likely answer. The work is demanding, the pay is low, the response of patients to medical treatment is often discouragingly slow. As an opportunity for service it has one feature to recommend it. The abyss of suffering is so deep that only a vast generosity can fill it. Only

when we see them as Christ in Gethsemane, can we give these victims their due.

a crown of thorns

In 1949 a council of psychiatrists came up with the discovery that every man must wear a crown of thorns and the problem of psychiatry is to show him how. Can you for a minute think of what it would mean to have a crew of attendants who could see a Crowned Christ in the guise of the mentally ill? A crew already aware that man must wear a crown of thorns following in the footsteps of Christ? If Christian philosophy were the basis of our appeal and response to the care of the mentally ill, there would be a revolution in the care given. A crew of men enlightened by the knowledge of God and the reality of the Passion in psychological suffering of mental patients would have a high potential for restoring patients to the image in which they are created.

In viewing the mentally ill are we like Simon of Cyrene standing with the crowd and watching Christ go by (here limping in laceless shoes, or there screaming in an agony of unfounded fears of Sing-Sing)? Our Simon says, "So what! You can't keep laces in their shoes," or "I'm too busy getting patients to clinic to be bothered with idiotic fears of Sing-Sing." But I've seen leaden feet lift easier under the weight of a mental cross when an attendant laced an *alter Christus* once more. I've watched fearful agony quiet momentarily to give thanks for kindness that had pierced the blitz, and hold those memories through recovery. The most regressed human being seems not beyond the influence of love and kindness.

love one another

There are available specifics for other sufferers: drink for the thirsty, food for the hungry, houses for the homeless. But these are the loveless in a world where love is mighty scarce. Human concern does have results. It is a surprise to the "outsider" to discover how easy it is to approach the mentally ill. We are uncertain with them much as some people are uneasy in the presence of children. Their world is not ours. Yet in most cases the border between the world of the sane and that of the insane has common landmarks. Allowing for their limitations (as we must with all people) we can be companionable within such limits. If it be advisable for them to become one with Christ, why shouldn't we become one with them? Believe me, it is no more difficult to feel at home among the aberrations one finds here (many of them attractively childlike and uncomplicated) than

to fit into the often more insane conventions that flood the outside world.

There is an opinion generally held by people unfamiliar with such hospitals as this one, an opinion which might well be a barrier to someone who might otherwise be attracted to working here. This opinion is a greatly exaggerated notion as to how "different" mental patients are, as compared with "the rest of us." Uneasiness or fear of the mentally ill sets up a barrier for which the patient is not responsible. With the exception of those few who are violent or have fits of violence (against which adequate precautions are taken) most of the patients are entirely human and companionable. It must be borne in mind that these hospitals go far toward removing the provocations which precipitated or aggravated the patients prior to their internment. A sizable fraction of these poor souls remain here in comparative peace only because a return to their previous environment would undoubtedly derange them again. More than one patient has remarked that here, at the hospital, was the first place she found peace, acceptance, and companionship. Among mental patients there is far less bigotry, class-consciousness or racial discrimination than one finds elsewhere. On the whole they are alert to one another's needs, willing to help, and often competent to give solace to a fellow sufferer.

As a nurse and a therapist, I must consult the record and histories of the patients whom I treat. So difficult has been the lot of many of them that it is small wonder they broke under the strain. In the light of such backgrounds it is equally unremarkable that they so willingly respond to kindness, once they know it is genuine.

call me "horse"

I am especially interested in Julia. When I first started to give her treatments she was in so terrible a state physically and mentally that it was a marvel she continued to live. She had been brutally damaged in an automobile accident. Among other things, her skull had been fractured; she had sores everywhere, inside as well as outside. She was so paralyzed that she could neither walk nor feed herself. When she came on a stretcher for treatments she screamed incessantly and inhumanly. She resented our attempts to help her; I remember her scornful remark, "Stop calling me Julia!" mimicking the honey-tones we nurses learn to use; "Just call me 'horse'!" So, from then on I called her "horse" and she liked it.

Shortly after this we found that she was suffering from an internal ailment which was corrected by surgery. Week after week she has come for treatments. First she could sit erect in a wheel-chair, now she walks downstairs. The screaming has long since stopped. From under so many layers of suffering she emerges as a delightful person to whose coming I look forward each week. A few days ago despite her phenomenal improvement she was morose; she was homesick, anxious to see her little son. Homesick, imagine! How far she has come that she can dream of going home! More than likely she will. To have served such a person as Julia and to have been spectator to her blessed recovery is ample repayment for any effort!

many are called

I have concentrated my attention almost wholly upon nurses and attendants, but the mentally ill require many more services than these. Carl, a young married man, for example, though a college graduate has found a real vocation here, working in the craft shop of the Occupational Therapy Department. Nellie, a practical nurse living in a nearby town, was persuaded to take an attendant's job and she too has discovered vocational opportunities for generous service. From physicians to plumbers, from counsellors to carpenters, the entire gamut of human talent is needed here.

STARGLOW

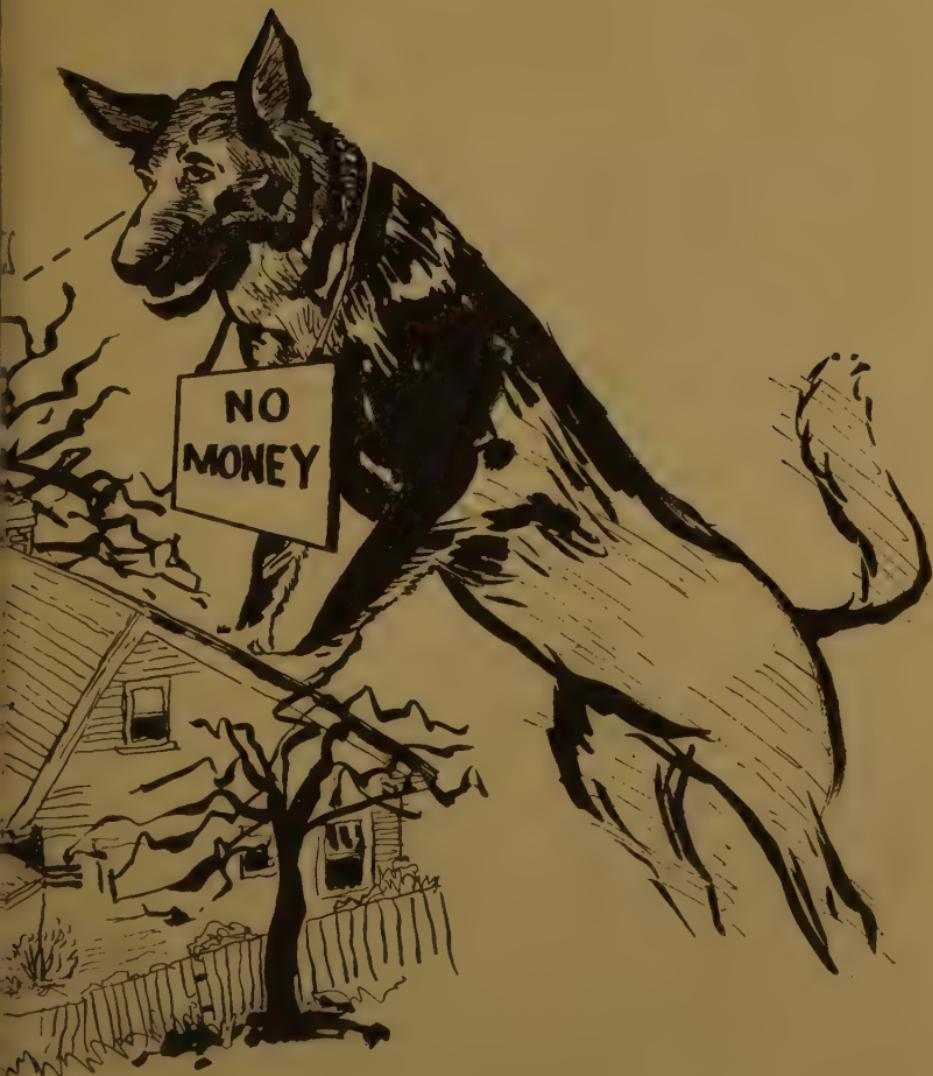
I used to think of love in terms of starglow,
Of castles and of moon-light on the lake;
But love translated, came to mean the washing,
The ironing and the pies and cakes to bake.
Love symbolized the illnesses of children,
The doctor bills and payments long past due.
The tonsillectomies, the orthodontists,
And longer trousers every month or two.

Now, after many years of readjustment,
When night floats down with peaceful, quiet joys,
I sit with my eternal box of mending
And darning socks for my big, little boys.
I still behold their shining eyes revealing
Their love, of which I have such ample proof;
And who would ask for castles, moons and starglow
Who garners them right here, beneath her roof?

Helen Carragher Werner.



"... the hireling sees the wolf



ming and flees."

Letter to a Pre-Med Student

Dear George,

The news that you have chosen a vocation in life is most consoling to me. Needless to say, the choice of a definite goal makes much easier a proper preparation not only academically but spiritually.

You say you want to be a physician, a Doctor of Medicine. This at once implies a willingness to devote yourself to an endless succession of tasks which are by their very nature unselfish—the lessening of human suffering and misery. "Medicine," as Sir William Osler has put it, "is a jealous mistress," and once you are on the high road to membership in this noble calling there can be no backward turning, just the bright insistence that the needs of others—small or large, proximate or remote—must be fulfilled regardless of the personal sacrifice involved.

absolute dedication

How well I remember my first realization of the ubiquitous and unceasing demands of our profession. I was all ready to embark on a fishing trip my freshman year in medical school during the Christmas recess when my cadaver got a bad attack of the "mold" and I spent the entire holiday keeping the mold at bay. This was the dawn of that sense of duty and obligation which must motivate all who engage in the proper prosecution of the practice of medicine. This all-consuming dedication and awareness of the obligation to patients—above personal desires or plans—makes itself known in daily existence. Meals any time, sleep only between the patient's pains, pleasure only within reach and contact in case some need should arise. Yes, it is a confining existence, one lived only in the shadow of need of those dependent upon us, but if you have heard the "call"—it will not be often repeated—you must choose now and follow well the prescriptions and regulations so that you will prepare day by day for the honorable membership in this society of medical practitioners.

Because I love you so deeply I must point out some of the necessary considerations not too often prominently displayed by institutions of learning in preparing youth for the practice of medicine. It is only natural after my many years of experience to reach conclusions that are far removed from the idyllic picture held out to the beginner.

by Patricia A. Carter, M.D.

dispositions necessary

The most important single element for the efficient study and practice of medicine is the realization that this particular task is the one wherein we can best fulfill God's design for us in the economy of salvation. Above all else, this endeavor must be chosen because it promises the greatest opportunity for personal sanctification first and secondly the sanctification of those who will depend upon us for the ministrations which we are able, through co-operation with the Source of power, to dispense. In the very beginning of your preparation be aware that each step you take must be firmly set upon the upward grade, taken with careful and considered thought and aimed at fulfilling the great destiny that can be yours if in purity and holiness you will practice your art. The preliminary introductions and scientific exercises will be facts worthy of studious assimilation, but never without the conscious intent that they are the means of drawing you to grow in knowledge which will enable you to carry out God's plan.

The dry, preclinical courses will often tire you. The necessity for long hours of study about things that change rapidly in a tumultuous upheaval of scientific shift will wear you down and seem foolish and useless. Even here the discipline of following the curricula, senseless though it seems, will go into the valuable marrow and bone production which makes a real doctor. During these days when you work on things and learn about elements instead of people, close association with Christ in the Blessed Sacrament is imperative. It is here that the stale devitalization of subject matter which is so steadily consumed becomes less repelling as we unite the burdens of tired and burning eyes and mental indigestion with His own years of preparation for His final achievement—the redemption of man. If you as a medical student cultivate a personal relationship with Christ—if you will strive to align your will with its hunger after scientific knowledge with God's will for you in relation to your patients, you will emerge with understanding and judgment and ability to carry out the difficult task which will be your lot.

This letter to her nephew is the fruit of Dr. Carter's experience as an obstetrician in Charleston, S. C. At present she has a post-graduate residency in gynecology at University Hospital in New York.

It is not enough to light a candle and rustle up a novena to St. Joseph Calasanctus before a semester quiz in anatomy, a hopeful hint that the good St. Joseph will make your cadaver the prettiest specimen in the whole lot, with nerves and muscles perfectly exposed to the eagle eye of your instructor. Better a day by day personal explanation of your own limitations and needs and in the doing a tranquil realization that, barring accidents, you will succeed and progress to the ultimate goal of Doctor of Medicine.

As you see your cadaver for the first time, you will become aware immediately of the unimportance of the body as compared to the indestructible soul. As you struggle with the desire to be quite sick from the uniquely painful first sight and smell, I will tell you a cure—just keep repeating "God have mercy on his soul" over and over. Suddenly the wave of nausea will pass and the green color of your face will be replaced by a chalky hue much less noticeable to your superiors.

personal relationships

The big day will come in your Junior medical year when you will be allowed to touch people, inhabit places where those who suffer come for comfort and exhibit the tools of your art—stethoscopes, etc. Now you begin to enter the real inner sanctum and to be initiated into the rites of medical care and treatment. This will give you great hope, great consolation, this opportunity to pass on to those in need your own particular brand of healing. It is a fact that you can tell Junior medical students and interns from all the rest of the profession by the way they drape the stethoscope in a place of inescapable prominence. How it comes back now—I loved to parade up and down the street with it dangling around my neck, a sure and undeniable proof to men that I was a part of the noble profession, fully prepared (now that I had this instrument) to cure all maladies no matter how severe!

This is the time when we first realize the scandal of those unworthy of their high calling, the gross and brutal machine-like robots who use human material, living, suffering people, as if they were devoid of any ability to feel or suffer. Nothing left me so shaken and ill as our first "ward demonstration." The professor, a cold insensible fish well-equipped with mechanical skill and wealthy in knowledge of disease, its cause and result, brought seven of us to see a case of pernicious anaemia. The patient was in a charity ward containing twenty-three other victims. She was a young girl of fourteen years, pale, clammy with fright, large-eyed. The first thing he did was to throw back the entire bed

covering; next he stripped off her one garment, a short hospital jacket; and then he began to *nail* the facts home as she lay there unadorned with only her fear to cover her trembling body. I could not keep back the choking anger at this miserable display, the cheap unnecessary brutality. One other student and I spread our coats out to try to screen her from the eyes of visitors and other patients. It taught me in a way I shall never forget the agony of Christ at the stripping of His garments. More than this, I resolved never to forget whom I was treating when I was lost in the ramification of what I was attempting to diagnose and treat.

That day I felt sure that scientific acumen and spiritual maturity were not to be found often in one organism. I became terrified for fear that one meant a lessened capacity for the other. It was only in the presence of Christ in the Blessed Sacrament that I realized that proper and optimum achievement of the practice of medicine can only be accomplished by a synthesis of deep spirituality and scientific acumen and that this is only possible with the catalyst of divine grace. Then I was consoled by this hateful demonstration of indifference. I knew what had happened would drive home to me a resolve never to emulate this "man of science," but that he would always represent the abysmal and hateful half-done human being who is empty and vacuous without God.

Gentle, kind deft handling of the human being, that composite of soul and body, this alone gives access to the cause of disorder and thence to its eradication. The inspiring and commanding dignity of men of the profession who by dint of constant study and undivided attention to the duties of their calling will keep the gleam in the midst of great weariness. As he removes the malignant tumor, the dragon that will destroy, you will see a masterful surgeon, a good servant of the Great Healer, give back life and the fullness thereof to one doomed to gradual decay. Your heart will lift up in great admiration and thanksgiving. Your participation, no matter how insignificant, in these operations will lend fuel to the flame. You will hunger and thirst after equivalent knowledge that will equip you to do as well when your days of preparation are over. You will see what it means to handle the delicate structural components of the body caressingly. You will come to know the first principle of surgical technique: "Not to do harm." And all the while your mind and soul will be sensitized to the need for deep charity and sincere interest in those upon whom you are privileged to practice your art.

the heart of the matter

The years have brought many beneficent gifts to the practitioner. New surgical techniques are constantly being devised which will enable us to extirpate dangerous diseases once considered fatal. Methods of treatment of disorders of the mind, that mysterious realm still so unsounded as to length or breadth, will occupy the constant, serious efforts of investigators for many decades. As a Catholic physician you will see many sick at heart whom no advanced research or manipulative technical devices can help in the least. How grateful we must be to know the important fact, the core of the matter, that in most cases of non-organic disease of the brain or its pathways the disfunctions and aberrations and poor adjustments are all symptoms of restless hearts that will find no peace until they rest in Him. Here your Catholic philosophy, your certainty of the destiny of man, will enable you to approach the sufferer as a composite being and the hope for cure will increase by virtue of deeper perspicacity and inviolable belief in the sacredness of the human personality.

Your Aunt Patty is a homespun doctor. When you will emerge into the rank and file of the expert and skilled profession of medicine of this century and carry in your hands the wonderful weapons, drugs, surgical techniques, atomic devices which are daily being made against disease in all its forms, many of my practices and manoeuvres will seem inadequate and lugubrious. This is right and expected and desired. Growth means change in form and function but, son, the heart of the matter can never change: "In purity and in holiness to live our lives and practice our art." The human being will always be a creature made by God and composed of a body and a soul and it is to such a being you will minister. Nothing new of a fundamental nature will be added. If the great strides in medical and scientific research succeed in adding a decade or more to the life span of man, we must still go back to dust and to final judgment and all that you can do is to hold in sacred trust your privilege of lessening the ills and misery of human existence.

There will come a time when you can no longer keep death at bay. At this time when all that science has to offer has failed and you are drained of every last ounce of endurance, when heroic care and diligence prove incapable, then a word to your patients who are not of our faith, or the assurance that a priest will be in attendance on the Catholic patient, will lessen the disheartening retreat and disorder of death unattended.

A case of a young eighteen-year-old mother, a farm girl never seen before she was admitted to the hospital, comes back to me now. She was pregnant with her first child. Her husband was only nineteen and frightened of the seeming rush and confusion of a city and of hospital routine. Despite all efforts the child lived only a few moments—but long enough to be baptized—and the mother, so young, so lovely and eager for her motherhood, slipped gradually but irrevocably down the long tunnel toward death. During the long night that never seemed to end, thirty-six hours of constant ebbing of the tide, she was conscious only a few minutes at a time. Her family were of a sect that did not believe in Baptism, that is in the expressed act or administration of Baptism, about this they were most vehement. On plea of special ministrations we managed to get all of them out of the room and I began to whisper to my patient the Act of Contrition. Just as she seemed to rouse enough to signify her understanding, her sister—a graduate nurse—appeared at the bedside. What seemed hours later, though minutes really, we were alone again—she who would travel and I who would be left, her only hope of having a garment for the road. I whispered to her, "Do you believe in God?" and after deep coma seemingly irreversible she woke and with open eyes said, "Yes, I do." "Do you believe that Christ is God?" "Yes." "Will you be baptized?" "Oh yes."

By then the family was back, the end was imminent. I took a sponge that holds water to bathe the brow and amidst the grief that must have its sway, with the water running down over her head, mixing with her own last tears, I whispered, "I baptize Mary, in the Name of the Father and of the Son and of the Holy Ghost." This is what I mean when I say Catholic doctors have a unique and enviable position in the profession. The fact that you will lose in your battle against disease is inevitable, but if in the doing you give all that is possible to assure a happy and a peaceful leave-taking, you can often turn the very act of dying into a triumph for your patient.

the first month

I have been going my rounds thinking in a most distracted fashion of your first day as a full-fledged physician. I can see you now hanging out that brand new shingle alongside my old almost indecipherable weather-beaten one.

My first present to you will be a set of geographic magazines. You will really love the pictures and your time will pass very quickly, marred only by the telephone which will ring a few wrong numbers and the postman whom you will delay with conversa-

tion. These are dark days, the hours of uncertainty, the wondering if all the years of toil and aching effort have been really worth it, the fear that the competence of undergraduate days will pale into nothingness under the direct fire of actual practice, the frustration of not being able to sell yourself, the need for quiet waiting. The necessary chores of setting up the office are wonderful distractions. The first day I spent picking out the most appropriate places to "hang" my several gifts and documents of proven achievements. First the crucifix, that outward sign of inward hope and belief that with Him no matter what my weaknesses my practice would be honorable and satisfactory. The first person who noticed the crucifix seemed disturbed that I would depend on anything less than absolutely material armaments in my dispensing of care and treatment. He seemed convinced that God and science were absolutely incompatible and that I was practicing not scientific medicine but a sort of faith healing!

fees

Medical society membership is a necessity. Such aggregations are composed of widely different personalities possessing in common a similarity of fundamental ideals in so far as they affect the common task, practicing medicine. In any human society you will find an admixture of good and evil—nowhere is the Catholic physician so essentially in but not of the corporate body as here. You must be on the constant lookout for tendencies to move with the crowd, to condone blanket policies that encourage mediocrity and self-satisfaction. The everlasting fee schedules which seem to be exposed to revision every time the seasons change pose many questions of personal integrity. After all the laborer is worthy of his hire but practicing medicine is not an easy and quick road to amassing a fortune. Whatever we receive in currency, if we fulfill our obligations, is in reality a token sum—since what we dispense and how we dispense it is an act for which there is no equivalent exchange. Doctors, real members of the healing art, are not interested in who pays or how much. The satisfaction of knowing a patient has been helped is the true reward; the rest is only to keep the physical being intact enough to assure further service. The brace of rabbits (the mere thought of eating them made me weak), a real special gift, and the pair of live hens raised right here on Garden Hill—these are the extra tokens of gratitude that mean we don't have to worry about raising fees. Take what you need to guarantee a fair and ample wage to your assistants and a sufficiency to those for whom you must care free, but better that you leave the threshing floor of dedicated medical practice

and pass into the blazing furnace of full worldliness than to entertain any hope of brilliant financial success as a result of the practice of your art.

ethical conduct

As a member of the profession you are bound to regard your colleagues and your patients, what they say and do, as sacred and inviolable. Don't become a "Gissy"—a loquacious buffoon who delights in recounting the failures and mistakes of a co-worker. If you in your competence are spared humiliating experiences not due to lack of diligence, be humbly grateful for the wiser and more adequate preparation you were afforded. The patient's eventual health and well-being are far more important than personal recognition. Don't be stingy with your talent or specialized information; lend assistance wherever and whenever you see or hear of need. Don't be "Available Jones" whenever a big consultation fee is sure and "Lost Horizon" when it is a call to city clinic. Function on a level of full output to everyone in need, don't be a half-hearted uninterested practitioner if you agree to participate in the care of any case. Be tolerant of age and don't feel just because a physician has been out of touch with basic sciences or untutored in the latest discoveries in therapeutics that he should be relegated to the pasture lands of geriatric medicine. There is something wonderful about the aging of physicians—like wine—it grows full and rich with time. The multiplication of services faithfully executed makes the elderly practitioner a valuable member of the army which fights illness and disease.

Don't be a "story teller" par excellence, a graphic word artist who describes cases so definitively that someone who may know the patient being discussed for the entertainment of the rest of the scrubroom is hurt by the lack of prudence and trust. I still grow ruddy when I recall an instance having to do with the sister (not then known to the one reporting the case) of an operating room nurse. It seems that a young girl with no demonstrable disorders had taken to frequenting the consulting rooms of this doctor (newly married and very handsome, a bit flippant and lacking in decorum but a thoroughly competent physician). He pointed out that there was *nothing* wrong with this patient; she just wanted attention and it seemed regrettable that our society only allowed a man one wife, since her cure might be easily achieved. There was much banter. I happened to look up to see the agonized and shameful look in the eyes of the surgical nurse. The guffaw stopped, but not before harm had been done. Much more shame came to all of us when the true diagnosis was made a few months

later: a brain tumor of extreme malignancy, obscured until it was too late to admit of care.

ethical problems

This being a Catholic doctor is an all-time business. It is not something you wear like your operating gown for a certain period of time as a mark of your serious intent. Rather it is a garment that must be woven of your very thoughts and deeds. It is important to know the moral law and the tenets of Holy Mother Church: to adhere quietly and steadfastly to the letter of the law no matter how annoying or seemingly unfitting may be your refusal to participate in procedures suggested. It takes great courage to say "no" to your superior medical officer, but if you are quiet, emphatic and adequate in your explanation as to why you refuse to follow orders, not only will you seldom be penalized but often you will be the source of admiration and information for the instigators of evil. You understand, son, that our Holy Mother the Church does not make the moral law, that law which governs all mankind regardless of race or creed in its ethical relationship with God the Creator. She simply interprets it and we who are fortunate to be members of the Mystical Body have not only our reason to guide us aright but the infallible voice as well. You will hear from your non-Catholic colleagues the old cry: "No bishop or priest is going to tell me how to conduct my practice." "What does the Catholic Church think she is? If I as a fully-experienced, honorable physician feel that a pregnancy should be terminated (which will mean the murder of the unborn fetus—a *person* in full right) then no matter what the priest says I will go right ahead and do what I feel is best for my patient." You see this is a hard saying to take—the specious often repeated and widely disseminated falsehood that the Church stands for killing mothers and saving infants. Only by your skill as a well-prepared (spiritually and technically) completely competent physician who handles the same serious and complicated cases and finds a way to produce just as successful results without recourse to immoral means, will the evil of this accusation be overcome. It will take great faith, much courage and close association with the Holy Spirit to worry out the long dangerous months of a severe toxemia of pregnancy and infuse your trusting patient with confidence that all will eventually come out well.

A young physician—a specialist in obstetrics—practiced in a non-Catholic community where the general tone of medical care was optimum—being the seat of the state medical university. He had been well prepared by training under great figures in this

particular branch of medical practice. During the training years he had managed to interest his chief professor in the scandal of improper preparation of medical students for ethical practice. The latter conducted a survey whereby he found that no non-sectarian medical college in America (and as you know these produce the greatest number of doctors) mentioned one word about the evils of sterilization or abortion, or euthanasia or any other ethical question to its student body at any time during the four years of training. This great man was a non-Catholic but immense in spiritual stature and by all standards a magnificent credit to the profession. His renown made his observation on the evils of so-called therapeutic abortion sound a blast that to this day has been heard round the world. Here was proof assembled with enormous care and honesty that many of the indications listed by those engaged in wholesale slaughter of the unborn were false. In a series of over sixty thousand cases of pregnancy, he showed, the very same ills had been circumvented and the mother and child brought through with safety. Here was just one interested soul who only needed the suggestion from a spiritually alert Catholic to join his authoritative voice to the feeble whisper of the young man—and how many murders have been prevented!

compensation

I have certainly flicked over the pages of your yet unwritten adventure into the trials of medical practice. As I say to keep you away from the snares my own feet gathered I have written these prescriptions. This much is true, if you are meant to be a physician you will—God willing—find comfort and consolation in the pure and holy conduct of a noble calling. There will be compensations for all your losses in the blessed realization of your important part in the miracle of life and in the release of death. Of a spring morning looking at the sun rise over the window of the delivery room, where you await the arrival of a new being after a long wearying night, your heart will thunder up like the sun at the old yet ever new thrill: the perfection of birth. The illimitable joy and completeness of it, and all of pain and aching that went into making it so, will be lost in the immense joy of achievement. The look on the mother's face—no longer grey and wrinkled with pain and ancient in its anguish—of love which knows itself fulfilled will give you consolation greater than anything you may ever experience in life. And so lift up your heart. It's a great task you have set yourself to do, but God willing, you will be a physician—a true servant of Him Whose ministry it is your highest privilege to share.

Toward an Integrated View of Social Work

Mary J. O'Dwyer: Just about everyone feels that he is an authority in some way or other on what social work should do and what a social worker is supposed to be like. In other professions people seem to see that a certain amount of specialization is necessary which gives to the one trained an authority we leave with him. But in social work the average man feels competent to state how he thinks the show should be run and does so without any hesitation. Why is this so?

I think it might have something to do with the nature of social work itself. We observe that the need for social work has always been with us and years ago any person who was in a position to help another was a social worker. Today we call social work a "profession," which to some may mean we are taking away something from the man in the street. There is a noticeable difference between social work and a profession like medicine. In a tribe a "medicine man" administered to the sick and was looked upon as a man with special skill while in the very same tribe social services were rendered probably by anyone who saw the need (I imagine unbeknownst to anyone but the recipient).

Perhaps the profession, as we see it growing today, is threatening to take away people's obligation to administer the spiritual and corporal works of mercy. That is what Our Holy Father warns against in his last Christmas address when stressing the importance of personal charity he says:

The great temptation in an age that calls itself social—when, besides the Church, the State, the municipality and other public bodies devote themselves so much to social problems—is that when the poor man knocks on the door, people, even believers, will just send him away to an agency or social center, to an organization, thinking that their personal obligation has been sufficiently fulfilled by their contributions in taxes or voluntary gifts to those institutions. Undoubtedly, the poor man will receive your help in that way. But often he counts also on yourselves, at least on your words of kindness and comfort. Your charity ought to resemble God's, Who came in person to bring His help. This is the meaning of the message of Bethlehem. Finally, social agencies cannot always extend their assistance in a sufficiently individual way; accordingly, charitable institutions must be complemented,

LONG-TIME readers of Integrity will remember our highly-controversial issue on social work. Mary J. O'Dwyer, presently on the faculty of the National Catholic School of Social Service, intends her article as a beginning attempt at an integration.

and necessarily so, by voluntary helpers. These considerations encourage Us to call on your personal collaboration. The poor, those whom life has rudely reduced to straitened circumstances, the unfortunates of every kind await it. In so far as it depends on you, strive that no one shall say anymore, as once did the man in the Gospel who had been infirm for thirty-eight years: "Lord, I have no one."

why then social work?

If we feel there is some conflict between the serious obligation of every Christian to administer the spiritual and corporal works of mercy and the profession of social work, which in the opinion of some people has "taken over" this obligation, it would be well if we examine the field of social work and see what it is trying to do.

Over the years we have grown away from everyone's doing social work as men saw the need to create a profession which insures to all in difficulty a right to assistance. This development was probably caused by the nature of the problems people were faced with. It is obvious that our society has grown very complex. Because of the complexity of the social order it is ever so easy to find too many persons lost in the pile. The number of those in need increased beyond the ability of private individuals to care for them. Partly due to the industrialization of society there was a greater concentration of those in need in certain areas, making it impossible for those around them to care for them adequately. It became a full-time job to care for the needy; institutions had to be established. Thus some were employed especially to care for those who needed assistance. Somehow when it came to giving financial and/or physical relief we accepted the fact that the state, federal and/or private agencies had to be organized to meet the need. In fact we fought to see that such took place and that the less fortunate were cared for. (It seems at that time we were treating the symptoms rather than the *cause* of modern dislocation, and some may feel now that we are bound to our past solution. Maybe at that time instead of caring for the *victims* of industrialization we should have examined the *system* itself. As it is now it seems to have gotten so far away from us that it appears impossible to control.) As a result today we see most of the problems of financial and physical assistance taken care of by private and/or public aid.

Social work today involves more than the corporal works of mercy; it now definitely has embraced freely the *spiritual* works of mercy. Does not this seem to flow naturally from the problems as they have arisen in our society? As we become highly industrialized we become equally impersonalized. So where do we go with our lonesomeness, fear, worry?

poor worthy of the best

As a thing becomes complex it requires a certain amount of skill to cope with it. As man's problems become complicated those who serve him need special training to cope with them. For it stands to reason that an upset person should receive the best help we can offer. It is one thing to be able to recite the spiritual works of mercy and quite another to be able to administer the necessary counsel a particular confused person may need. For what we know intellectually may be a very different story from what we are experiencing emotionally. If it were simply a matter of "telling" people what to do (telling them right from wrong) the simple solution would be to give more sermons. But we know this is not the solution for upset persons because being given a set of stock answers won't help them. We must be willing to learn all the necessary techniques possible to serve those in need. We must learn to reach them where they are so that we shall know what to say and when to say it (reaching them on their own level, giving as much help as they can receive, always considering their personal distress; helping them to face their situation so they can help themselves). For well we know that the poor are deserving of more than our good intentions.

We may have natural talents for helping the emotionally disturbed, and it is these natural talents and natural virtues that we must develop. Charity does not exclude their development and use, but on the contrary makes use of all natural gifts, training and experience. (Without charity, needless to say, all our skill and training becomes as lifeless as a beautiful, well-developed body without a soul.) We must recognize that the efficient use of natural skills is our Christian obligation in justice to those we serve. Efficiency when it is made an end in itself is wrong, but it is spurious reasoning to discard this useful tool under the pretext of being "more Christian." There is no basic conflict between charity and competence; on the contrary charity calls for the fullest use of all the natural talents God has given us.

toward an integration

The profession of social work itself does not seem to evoke as much criticism as the nature of the training given in our social

work schools. Admittedly much of it is secularistic. The whole question of integration of secular techniques and Christian principles has only begun to be explored. The professional field of social work is young and it is to be expected that Catholic reaction to it will swing from one extreme to another until it hits the "Catholic center" of truth. On the one extreme some have held that mere knowledge of behavior and training in technique will suffice—forgetting completely that any form of the works of mercy must be "rooted and founded in charity," and that the reality of grace and the divine destiny of every human being are as pertinent to helping the disturbed individual as the recognition of his present upset condition.

On the other hand, there are those who over-simplify the situation and feel that all a social worker needs is charity—forgetting that in the normal course of events God does not usually supply miraculously those insights into people and those skills in helping them which can be acquired by human effort, study and training. Grace elevates and perfects nature, it is true, but it does not ordinarily dispense with its normal functioning. We cannot expect God to supply by charismatic gifts those skills we can acquire by training.

This situation is analogous to the two wisdoms the Church wishes her priests to have: the wisdom of contemplation which is the fruit of charity, and the wisdom of theology which is acquired through hard, persistent study. The social worker must learn to understand and help people by contemplating Christ and drawing in the fire of love of His heart; but she must also learn through the training of her natural faculties and the development of her human skills and insights. The latter type of learning can assist her in serving Christ in her clients, and if properly integrated, will not interfere with nor contradict the higher level of her knowledge.

Professional training must mean spiritual training as well as professional development. (It is to be regretted that at the present time in the Catholic schools of social work spiritual development is looked upon as a *personal* matter, and there are no concerted efforts to ground students in mutual charity and assist them to grow toward spiritual maturity. If the individual student or social worker realizes the importance of growing in grace—fine; but is there the realization that the school itself has the obligation to further the deepening of charity of its students, and that the holiness of social workers is not at all accidental to their work? That is, if we agree they are performing a *spiritual* work of mercy.

How the school is to accomplish this is a practical problem the difficulties of which cannot be minimized.)

Many students entering into the field of social work fight against training and accept it only because it has become a must to be recognized in the field. It is healthy to struggle but it is healthier to understand the reason for the struggle. Is the reason really objection to the secularistic character of some forms of training, or is it sometimes refusal to face the issue of the complexity of man's problems today?

learning from the saints

Let us look at St. Vincent de Paul. When he saw the needs of the poor, he saw the need to train daughters to care for the sick. The need is ever present and today perhaps if St. Vincent de Paul were with us he would be considering additional (professional) training necessary because the modern problem is more complicated than it appeared in his day. Caring for the emotional needs of a person is more delicate than providing him with bed and board. Today we know more about man's psychic structure than we did years ago. We need to take advantage of all this knowledge, with the grace God will give us, in order to serve as more complete instruments. We owe it to His chosen.

We must learn from the saints of the past—not from the superficial lives written by others, but from their own writings. While in humility we follow these lessons and integrate into them new skills and knowledge, we can hope that the Holy Spirit will produce and form the saints who will serve the poor in this day and age. We cannot expect to deny what exists and accomplish great work for God, because the saints were always of their times. Our times are producing new techniques which under the grace of God will help us relieve the unique emotional and mental strains of our day.

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BOOK REVIEWS

Apostle of Charity

ST. VINCENT DE PAUL
By Msgr. Jean Calvet
Transl. by Lancelot C. Sheppard
David McKay, \$5.00

Monsieur Vincent has become something of a legend since the film which captured an American public several years ago. But there is far more to the story of this great

and holy man. The fact that he accomplished so much in times both crucial and complicated presents many difficulties to the biographer.

St. Vincent de Paul was a peasant. He loved people and understood them. All his efforts to establish organized charity came from his remarkably keen perception of the fact that the poor must be served without gratitude, and served at all cost. He was fortunate to have Louise de Marillac to help him, and a queen whose heart was as large as his own.

Msgr. Calvet has studied carefully the growth and development of that magnificent spirit of charity which was to overflow France and reach out to the whole world. St. Vincent managed to be in the thick of everything that went on in his day, from clerical reform to the spiritual direction of Madame de Chantal. His relations with the clever and unscrupulous Mazarin would fill a book, and the author has been obliged to curtail much interesting discussion in order to confine his saint to a single volume.

Few people realize the magnitude of what St. Vincent accomplished. The work of charity is not the only great endeavor of his life. His contact with the Jansenists before they crossed the borders of heresy had awakened him to the need of turning the ignorant parish clergy back to spirituality and discipline. He was known for his pre-ordination retreats and conferences long before his Sisters began their service of the poor.

Msgr. Calvet has confined himself to a straightforward account of a man of God and his times. He spends little time on the rather unsubstantiated adventures of his youth, setting before us a portrait of a man utterly simple in his spirituality that drew from the life of Christ a perfect love of the poor.

BEVERLY BOYD

Convents Today

VOCATION (Religious Life II)
Translated by Walter Mitchell
Newman, \$2.75

This book is a collection of essays by nine different authors who study the problem of vocation in an effort to be of service to religious com-

munities of women in France today. In its pages are found information and suggestions for those who would know how to recognize a call to the vowed life of religious and what obligation there is to follow it; for those charged with admission of postulants; and for those responsible for providing a way of life in which a vocation can ripen into sanctity.

With regard to recognition of a vocation, one author comments that "if the director is not a man of prayer, even though in other respects he may be the best possible psychologist, he will do a great deal of harm in this field." The matter is thus taken out of the world of classified filing cards and put in the world of divine guidance where evidently it can be more safely settled. The author of the essay on the obligation to follow

a vocation to religious life concludes that neglect to do so when one is certain of the call may involve serious guilt. Such guilt should be rare, however, since, as the following chapter shows, it is seldom possible to have such certainty.

The foreword expresses the hope that the essays will be of service to "those who seriously consider the matter of their own vocation." They would hardly incline a young woman to make a decision in favor of religious life. The first paper does manifest a glowing appreciation of the high ideals of that life as lived by St. Anthony, the hermit, in his desert solitude, but such a life is rarely possible for a woman. Waxed floors not desert sands would be her road to perfection and she could scarcely believe perfection possible in present-day religious life as the author describes it. Should that gloomy picture not discourage her the formidable array of reasons advanced in other papers for the rejection of postulants could. For some one of them she could reasonably expect to be asked to detour for another road to heaven.

External signs can indicate that such a detour is advisable, and some such signs are specified for the consideration of those who have the responsibility of admitting postulants and for their final acceptance for vows. One whole chapter lists faults of character which should exclude certain persons. A religious sister, in answer to a questionnaire, objects to admittance of those from "too low a class." One author feels that "a certain homogeneity in the field of education is necessary." If the psychologists are to be consulted before decisions of acceptance are made, then another group may be eliminated because of unfitness on the unconscious level. The writers are, in general, a little wary of the advice that they themselves are giving, evidently fearing misinterpretations. Serious error could occur unless the advice is followed cautiously. It would be possible to throw out a St. Augustine, a Martin de Porres, a Cure of Ars, perhaps even a "Dumb Ox" or two for some one of the reasons mentioned in the book.

The first chapter should be of interest to those whose duty it is to provide fertile soil for whatever seed God may send. Dom Rousseau reminds those responsible for its development that the sublime aim of religious life is "marriage with the Lamb"; that even in this life God gives to a virginal soul "experience of those eternal goods which shall be its possession in the next world"; that from those consecrated to God is expected "the sort of charity that is found in heaven, speech about heaven . . . the gift of heavenly things." He complains that these ideals have been lost sight of. "Souls are not being broadened by the great liberty of love."

Religious sister speak for themselves in the book in their answers to questionnaires, and some of the answers indicate the existence of deep fervor. However there are admissions of mediocrity and of regret that some have been taken for vows. Between one half and one fifth of those who enter the active orders leave, usually before the taking of vows. For all defection after vows the blame is placed on the individual. There is no admission that the voice of command may have become a faulty compass whose needle is no longer sensitive to the attraction of Love. The consequent loss of direction may explain why some abandon the ship for dangerous seas. As obedience is a means to the sublime end of union with God, commands of authority regulating the life of an order should be seen by its members as leading toward that goal. Dom Rousseau asserts that

"obedience has degenerated into the observance of a set of trifling details respect for which is the main thing inculcated in postulants' training."

His reminder that "the call to evangelical perfection is given to everybody" suggests a cause for the ills that beset vocations and religious life in our days that was not mentioned in the book. All through their formative years the young should have been living normal Christian lives by striving for that perfection but, in general, they were not. The ideals mentioned in the book are completely foreign to many of them. How should they know that obedience leads to "the liberty of love" when all their lives they have obeyed only through fear, infatuation, or in hope of reward? How should they know that the culmination of chastity is "marriage with the Lamb" when the ideal of human marriage—the symbol of the divine union—has been crooned through the oozing sentimentality, even slime, of words and music in modern popular songs? "There is in the Church a solidarity which cannot be shaken off" is another statement found in the book and it is a warning that holiness within and without the cloister must increase or decrease together. The best way to have holy convents is to have a holy laity, and when religious are charged with the care of the young, for their good and that of the Church and of the order itself, the development of that sanctity should be their primary interest. Either religious orders will sanctify the world or be reduced by it to a state of mediocrity. It is senseless to make demands for high qualities in postulants if there is little concern about the development of those qualities in the young. Few errors would be made in accepting young people for a period of probation if their training were already deeply Christian. Probably few would leave and those that did would have sufficient training to sanctify themselves in other work for the Church. Justice demands that the orders provide for those that remain a rich soil that will make probable a further development of holiness. Dom Rousseau has suggestions for that enrichment scattered throughout his paper.

S.R. MARY DULCIDIA, S.S.N.D.

A "New" Vocation

SECULAR INSTITUTES
A Symposium on the
Modern Lay Community
Blackfriars, \$1.00

This book should be of interest to all who have received some sort of vague information about secular institutes and desire to learn more about them. The vocation to a secular institute—to the following of

the evangelical counsels and the living of a completely dedicated life in the world—should not be confused with the general call of the Christian layman to participate in the apostolate. These calls are being confused at the present time (witness an article recently published by Dr. John O'Connor in which he seems to do precisely that and holds the secular institute up, even to the married, as the ideal of lay spirituality). As someone remarked to me recently: "We've just gotten across the idea that you can become a saint without entering a convent, and now you get the impression that you can become a saint in the world but only if you join a secular institute." This confusion is certainly not the fault of the secular institutes themselves, and that is why this book—much of which is written by members of secular institutes—is invaluable in safeguarding the distinctive vocation to the institutes without casting any doubt that outside them there is indeed an authentic lay spirituality.

The members of a secular institute take a "vow, oath or consecration of celibacy and perfect chastity," a vow of obedience, and a "vow or promise of poverty in virtue of which they have not a free but a definite and limited use of temporal goods." Unlike the vows of religious these vows are not public; moreover the members of a secular institute do not normally reside in community (although secular institutes are required to have a common house for training and governmental purposes). As Miss E. J. B. Fry points out, in the first and what seems to me to be the most enlightening chapter in the book, the older secular institutes tend to emphasize the religious side and think of themselves as "religious in the world," while the newer institutes emphasize their *lay character* and aim to live what is ostensibly an ordinary lay life but one completely dedicated to God and the Church.

Included in this volume are all the papal documents relating to secular institutes, several chapters on the status of such institutes (the nature of the vows they take, their relationship to religious orders, etc.) which are extremely technical and will only interest the canonist, and several chapters on specific secular institutes (*Caritas Christi*, the Lay Auxiliaries of the Missions, the Little Company of Jesus Crucified, etc.). The chapters by Father J. Perrin, O.P. and Yvonne Poncelet are especially interesting. Father Perrin in discussing the vocation to such a life says: "One must be able to bear responsibilities and be complete master of the training which he receives. . . . To work in the world without the counsel of superiors, without close supervision, one must have at least a certain aptitude for becoming mature." He goes on to mention the necessity of a capacity for generosity and a readiness to give oneself, as well as a consciousness of the needs of society, and continues: "There is something else which seems to me more important, at least for those members of the institutes who live so intimately with the mass of the faithful: it is precisely this desire to be one of them, to lose themselves among them, this sense that daily life, with all its tasks, responsibilities, and burdens, is a means of sanctification. A vocation, as it matures, ought to have this desire to be fully incorporated into the Christian community."

DOROTHY DOHEN

Medical Students, Note

PRINCIPLES OF MEDICAL ETHICS
By John P. Kenny, O.P.
Newman, \$3.25

After teaching pre-medical and nursing students for ten years, this priest is eminently qualified to com-

pile a manual of medical ethics from his lecture notes. Nursing and medical students will find rich value in this book. Father Kenny has an easy style and writes, as he must teach, with clarity. His italicized and indented statement of the moral principle involved in each discussion is a happy addition to his text. The lengthy extracts from the reigning Pontiff touching medico-moral problems were wisely chosen.

In both outline and content Father Kenny is traditional. The fundamental principles of morality, professional secrets, the rights and duties of physicians and nurses, marriage problems, artificial insemination, pre-frontal lobotomy, hypnotism, painless delivery, are among the more popular moral questions discussed.

This reviewer would have liked some treatment of health insurance and socialized medicine, pertinent subjects of discussion in view of the current controversy. Catholic social thought has some interesting things to say on these matters. Furthermore, there is room also in this book for a more factual discussion of the doctor's role in promoting euthanasia, abortion, sterilization, birth prevention, the high cost of medicine, etc., particularly since doctors play an important part in the growth of all these evils.

Some significant new literature on the morality of lying might have been used. Nor does it seem exact to speak of "forfeiting (natural) rights" (p. 73). The distinction between "right" and "exercise" is not properly drawn; the exercise of a natural right may be impeded or suspended for a variety of reasons; the right itself, if truly natural, always adheres to the human person.

REV. GEORGE A. KELLY

Hysterics and Mystics

THE PHYSICAL PHENOMENA
OF MYSTICISM
By Herbert Thurston, S.J.
Regnery, \$6.00

The present volume is a collection of studies on the physical phenomena of mysticism made by Father Thurston between 1919 and 1938 and edited by

Father J. H. Crehan, S.J. Long recognized as an authority on the psycho-physical manifestations of spiritualism, Father Thurston ultimately became convinced that there is no class of phenomena so worthy of study as the records of Catholic mysticism, recounting as they do prodigies which far surpass natural or diabolical magic. As proof of his contention, the author offers detailed descriptions of actual cases in which one or more of the following phenomena have been in evidence: levitation, stigmata, telekinesis, luminosity, incombustibility, bodily elongation, odor of sanctity, bodily incorruption, blood prodigies, sense transference, absence of cadaveric rigidity, inedia, and multiplication of food.

In accordance with common theological teaching and the actual practice of the Church in the processes of beatification, Father Thurston states repeatedly that these extraordinary physical phenomena cannot be accepted as incontestable proof of the sanctity of the subject. At most, they are of value as corroborative evidence for the existence of heroic virtue in the servant of God.

It is not the purpose of the author to propound any theory regarding the origin or supernatural character of the manifestations under consideration but "to give an idea of the physical phenomena for which good evidence can be produced, and leave the interpretation of the facts to the judicious reader himself." It is therefore of utmost importance that the reader understand very clearly that this book is a purely empirical study; it is a case-book of psychosomatic manifestations, a description of facts. It is not even a study of the physical phenomena of mysticism, as its title would indicate, because Father Thurston denies that he is seeking the origin, nature, or effects of these phenomena. For those who seek a principle or theory by which to judge extraordinary physical phenomena or for those who seek to know whether a particular phenomenon is natural, diabolical, or supernatural in origin, this study will prove a sphinx rather than an oracle.

Here we have at once the value and the danger of this book. For the expert in spiritual theology it will prove an invaluable sourcebook and encyclopedia of extraordinary psychophysical phenomena; for the untrained layman it can very easily become an incentive to morbid curiosity or the occasion of error and confusion. The physical phenomena of mysticism are in some instances so similar to the manifestations of hysteria that a purely factual account of the two states offers no scientific basis for distinguishing between the two.

Father Thurston was right in condemning the rationalists and scientists for making a universal denial of the existence of the supernatural or occult, but he himself is not free of censure for being concerned only with the facts of experience, as if mystical theology were a purely empirical science. True, we must approach mystical phenomena as we do any other sphere of natural knowledge—from the simple event as a fact of experience—but, as Maréchal points out in his *Etudes sur la psychologie des mystiques*, we must also have a theory by which we shall be able to interpret facts, taking care that the theory itself does not color the objective observation of facts. The same opinion is held by Dom Mager, O.S.B., in his *Mystik als Lehre und Leben*: "Therefore it is not always easy to distinguish true mystical experience from the pathological pre-mystical disposition which sometimes occurs, the neurotic or hysterical manifestations which are sometimes concomitant with true mysticism, or the diabolical influence which is sometimes in evidence. We cannot deny that even in truly mystical experience the factual experience may sometimes give all the symptoms and actually be a pathological reaction so far as the psychosomatic organism is concerned."

Finally, it is enlightening to recall the statement made at the Congress on Religious Psychology, held in 1938 at Avon-Fontainbleau, France: "Theologians and doctors who were consulted believe possible the concomitance of normal mystical life and of certain psychopathological states not to be identified with insanity. However, it appears that definitive and incrusting anomalies are not compatible with regular mystical elevation."

Are we, then, to conclude that true mysticism is compatible with true hysteria? If, with Father Thurston, we study only the external manifestation and prescind from origins and causes as well as effects in the patient, then we must indeed answer in the affirmative. Nevertheless, although outwardly the phenomena appear identical and may bear the same names, they are entirely distinct. To judge these things one must look to the fruits that they produce. Consequently, the critic needs first a theory of some kind, then he must study the objective facts, and finally he must investigate the fruits or effects of these facts.

What we have called pathological pre-mystical dispositions or apparently neurotic phenomena concomitant with the mystical state result from the fact that the psychosomatic organism can react to strong psychic or physical stimuli only in a set number of ways. Moreover, the weakness of the body-soul composite in the face of a sudden divine illumination may sometimes produce a trancelike state which is peculiarly akin to a pathological condition, as happens in the case of ecstasy. As long as Father Thurston has confined his study to external facts and cases, he cannot help but make the following startling and misleading statements: "Moreover, to complicate matters, whereas people like Padre Pio show no sign of hysteria at all, other truly mystical saints have had a medical

history containing almost every hysterical symptom known. . . . So far as records are preserved concerning the early history of stigmatized persons, I venture to say that there is hardly a single case in which there is not evidence of the previous existence of a complication of nervous disorders before the stigmata developed. . . . I have not yet met with a single case of stigmatization in a subject who was previously free from neurotic symptoms."

It is both unscientific and dangerous to publish a work of this sort because it presents nothing more than the facts observed and offers no rules or principles for ultimate solution or classification. The author and editor have presupposed a great deal in stating that "the judicious reader" will be able to draw his own conclusions when even scientists and theologians themselves are hard put to offer plausible explanations and classifications of certain extraordinary phenomena. Those who have the courage to read this book should not fail to conclude their study by referring to the theological norms stated by Arintero (*The Mystical Evolution*), Poulain (*The Graces of Interior Prayer*), or Garrigou-Lagrange, (*The Three Ages of the Interior Life*).

JORDAN AUMANN, O.P.

BOOK NOTES

The Fearless Heart (Newman, \$2.25), Georges Bernanos' version of the story of the sixteen Carmelites of Compiegne—familiar to many of us from Gertrud von Le Fort's *Song from the Scaffold*—was intended for use in a motion picture. It is therefore somewhat unsatisfactory for the reader, some of the scenes without dialogues having been omitted, and others adapted to visual presentation. Of greater importance than its literary value perhaps is the fact that Bernanos completed it in March 1948 just before his last illness. The theme of human fear giving way to the acceptance of martyrdom runs through all his writing and apparently dominated his thoughts more and more toward the end. Through these pages we may hear not only the wonderful singing of Blanche de la Force as she approached the scaffold, but the meditation of a great Christian writer when he knew his own death was drawing near.—E. M. Sheehan
In Twenty and Ten, Claire Huchet Bishop (Viking, \$2.50) recounts incidents relating to the hiding of ten Jewish boys and girls among twenty French children evacuated to the country with their teacher during the war. Primarily for older children, it will impress all readers with the reality of hardships caused by war, even where the littlest ones are concerned. The courage, ingenuity and charity of the children are ably portrayed, but the thoughtful reader will surely question the solutions in some situations.—Mary Jo O'Donnell

In Christ, a sketch of the theology of St. Paul, by Dr. William Grossow (translated from the Dutch and published by Newman, \$2.25) is an excellent guide through the epistles of St. Paul for the layman who needs help in understanding the Apostle's great themes. These the author treats in five chapters: "Existence without Christ"—when man was under the bondage of sin and the Law. "Redemption in Christ"—with special emphasis on the meaning of the Resurrection. "Conversion to Christ"—and the high standard of perfection which is the ideal of the Christian. "Existence in Christ"—which includes the place of charity and suffering in the life of the Christian, and "The Body of Christ"—which is especially

interesting for its tracing of the development of the doctrine of the Mystical Body. . . . We are happy to welcome the *Theology Digest*, edited by the Jesuits at St. Mary's College, St. Mary's, Kansas (\$2.00 a year). It will feature translations and condensations of outstanding theological articles, without however catering to the digest mentality. "What is Layman?" by Yves Congar, O.P., we found the most interesting of a number of excellent articles in the first issue.—Dorothy Dohen

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